

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>10-049222</i>	FILING DATE					
						APPLICANT(S)						
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1							51					
2							52					
3							53					
4							54					
5		2					55					
6		2					56					
7		2					57					
8		2					58					
9							59					
10		1					60					
11		1					61					
12		1					62					
13		1					63					
14		1					64					
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42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.		1					TOTAL IND.					
TOTAL DEP.		10					TOTAL DEP.					
TOTAL CLAIMS		11					TOTAL CLAIMS					